

REPORTS INVENTORY						CONTROL NO.
PREPARE IN DUPLICATE						
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
TDY Foreign Travel Report						
3. FUNCTIONAL AREA	PERSONNEL		TRAINING		<input checked="" type="checkbox"/> ADMIN. GENERAL OTHER (specify)	
	LOGISTICS		SECURITY			
	MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)	
3		Semi-Annual			2	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT	
Memorandum		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES GIVE ADP PROCESSING NO.		SSA/DDS Requirement	
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)		
B&F/OSP						
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR						\$ 300.00
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						

This report is OSP's input to the DD/S&T report.